

A Competency Framework for Designated Prescribing Practitioners: Literature Review

Note: The literature search for this work was completed in December 2018. Any documents referenced in this literature review reflect content available at this time. Key documents have been published since the review; which include: General Pharmaceutical Council Standards for the education and training of pharmacist independent prescribers and the Health and Care Professions Council Standards for prescribing.

Introduction

In 2019, regulatory changes by the General Pharmaceutical Council (GPhC) and Nursing and Midwifery Council (NMC) will enable experienced independent prescribers to act in a designated practitioner role for the practice element of non-medical prescriber (NMP) training(1,2). This role was traditionally held only by medical prescribers as Designated Medical Practitioners (DMPs). The Health and Care Professions Council (HCPC) are also consulting on regulatory changes which would have similar implications for the training of non-medical prescribers (NMPs) in practice(3).

The Department of Health and Social Care, in its 2006 *Guide to implementing nurse and pharmacist independent prescribing*, described the role of the DMP as critical and highly responsible in educating and assessing the NMP trainee(4). Specifically, in ascertaining whether trainees have met the necessary learning outcomes and acquired competencies, as defined by the Higher Education Institute (HEI) running the prescribing programme. It is important that the DMP considers the implications of undertaking this role safely and effectively, working together with the HEI (4).

In 2005 the National Prescribing Centre (NPC) published *A guide to help doctors prepare for and carry out the role of designated medical practitioner* (5). This included outline eligibility criteria and a set of broad competency areas for the DMP role. Since publication, the guidance has been used by many of the Higher Educational Institutes (HEIs) who provide non-medical prescribing courses to inform the eligibility of prospective DMPs. Following the

professional regulatory changes, there is a need for guidance to reflect the expansion of this role to include independent prescribers.

The term Designated Prescribing Practitioner (DPP) is used throughout this framework, including the literature review, to describe the designated practitioner responsible for the non-medical prescribing trainee's PLP. It acts as an umbrella term to bring a number of different profession-specific titles together for the framework. The titles, used by professional regulators, that are covered by the term DPP in this literature review (when applied in the context of prescribing training) are:

- Designated Medical Practitioner (DMP)
- Designated Prescribing Practitioner (DPP)
- Named Practice Supervisor
- Practice Assessor

The Royal Pharmaceutical Society (RPS) is creating a framework to support programme providers, Designated Prescribing Practitioners (DPPs) and other stakeholders to underpin non-medical prescribing training in practice. This is a new role for NMPs, and given the learning in practice element is critical to NMP training, and the DPP role is central to this, there is a need to ensure those taking on this key role have the necessary competence.

To support the development of the Competency Framework for DPPs a literature review was conducted; to identify what evidence was available on the supervision on NMPs in practice and whether any broad competency areas relevant to the role exist that the steering group could build on in developing the framework.

Methodology

A literature search was conducted by The King's Fund in December 2018.

Keywords were used to carry out a grey literature search, including searches in the King's Fund database and NHS evidence as well as the websites for relevant UK, European,

Canadian, USA, Australian and New Zealand bodies. An additional Google search was carried out to locate any further material.

A search was also carried out using Medline and Embase databases, the search strategies are included below.

Non-medical prescriber OR medical prescriber OR designated medical practitioner OR prescribing supervisor OR practice assessor OR independent prescriber OR supplementary prescriber OR educational supervisor AND Regulation OR standards OR competency framework OR professional development OR continuing professional development OR accreditation

UK, European, Canadian, USA, Australian and New Zealand

Publication date: 2000-2018

Results

A search of the grey literature generated 31 documents to be included for full review, plus one additional document identified from references during the review. Of these, 15 were included in the final review. The 15 results identified for inclusion were reviewed by the lead author and a thematic analysis was conducted to identify similarities in broad competency areas described across the literature.

The grey literature analysed included:

Regulatory standards relevant to the DPP role (NMC), or consultation on regulatory standards relevant to the DPP role (GPhC, HCPC)

Guidance for DMPs produced by the National Prescribing Centre (NPC)

A prescribing competency framework (RPS)

Survey of pharmacist prescribers (GPhC)

The Embase and Medline searched identified a total of 105 results. After an initial review of title for relevance and removal of duplications, 35 abstracts were reviewed for relevance against inclusion and exclusion criteria, with all study designs being considered for review. This identified 15 papers for full review. Of these, seven were included in the final review, plus one additional paper that was identified from references.

Discussion

Grey Literature

The most comprehensive guidance regarding the competencies required of a DMP identified through the literature review was published in 2005. The NPC developed guidance on training NMPs in practice and preparing for the role of DMP(5). This included eligibility criteria for becoming a DMP and the broad outline of a competency framework. The four broad competency areas outlined in this document were:

- The ability to create an environment for learning
- Personal characteristics
- Teaching knowledge
- Teaching skills

Taking the broad competency areas above into account, in addition to reviewing a wide range of more recent publications, some key themes relating to the role of the DPP or DMP emerged from the grey literature. These themes, presented below, are not specific competency areas but broad categories that were examined by the independent steering group.

Key publications taken into account during the review include new regulatory standards or consultations on regulatory standards aligned to the introduction of the DPP role.

Personal characteristics and clinical skills

Personal characteristics, a broad area of competence, was identified in the original NPC guidance for DMPs(5) and reinforced by more recent publications.

Within this broad category falls clinical experience. The NPC specified a usual standard of three years of recent clinical experience as a criterion to be eligible to act in the DMP role (5). More recent publications also place emphasis on the importance of clinical experience, however, they are less descriptive in terms of time frame. Descriptors include the need to have relevant knowledge skills and experience to support safe and effective learning (3) and to have worked in the area the trainee wants to become a prescriber in before becoming a supervisor (although time spent should not be assumed to be a marker of competence)(6).

In the NPC 2005 guidance, one of the eligibility criteria for those taking on the role of DMP was they should be a GP, specialist registrar or consultant(5). Whilst broadening the criteria to reflect regulatory changes, regulatory bodies recognise the requirement of having the appropriate professional qualifications. HCPC specify those taking on the role should be an appropriately registered qualified prescriber on the register, with annotations where applicable(3).

Other personal characteristics necessary for carrying out the supervisor role include; demonstrating active prescribing competence in the area they will be supervising, and having appropriate clinical and diagnostic skills (7).

The need to undertake preparation or evidence interpersonal and communication skills relevant to student learning and assessment prior to taking on the role is highlighted (8). As is the need to be supportive and objective in their approach to student assessment and supervision (9).

The NMC describe the role as a role model for safe and effective practice (8,9)

The Prescribing competency framework describes the required standards of any prescriber (10). This may provide a baseline of clinical skill and experience of any prescriber taking on the role.

Creating an environment for learning

The ability to create an environment for learning was identified as a broad area of competence required of a DMP by the NPC. It also required that the DMP had the support of the employing organisation or practice(5).

More recent publications support this requirement as an essential aspect of learning in practice. HCPC emphasise the importance of providing a safe and supportive environment for training in practice(11). The NMC highlight the importance of those in a supervisor or assessor role ensuring there are sufficient opportunities to observe the trainee in relevant environments(8)

The importance of the DPP having the supported time and resources to enable them to fulfil their role is also a requirement outlined by NMC (9).

Training and continuing professional development of the Designated Prescribing Practitioner

The requirement for the to undertake appropriate training is another key theme that emerged from the grey literature. This may be seen from the perspective of the supervisor ensuring they access the appropriate training, and the requirement for the programme provider to ensure this training is available.

- **The Designated Prescribing Practitioner**

The DPP must be appropriately trained and experienced to act in that role (7).

The GPhC, NMC and HCPC all state the requirement for the individual to undertake appropriate training before taking on the role. The training must be appropriate to the role, learners' needs and delivery of programme learning outcomes (3,6,8,9).

The NMC also outlines the requirement for supervisors to continue to proactively develop their professional practice and knowledge and maintain current knowledge and expertise relevant to the proficiencies and programme outcomes (8)

It is also highlighted that supervisors should learn from and act upon constructive feedback from students and others to improve their performance in the role (9).

- **The programme provider**

In a 2016 discussion paper, the GPhC stated signing-off a DPP as competent to take on the role would be the responsibility of programme providers, who should ensure that supervisors knew how to supervise trainees and what was required of them as supervisors (6).

Another role for programme providers includes the provision of training. This training should cover assessing performance, giving support, and raising concerns where appropriate. The importance of training on the provision of feedback was also raised in the literature(6) (12), as was the requirement to include equality and diversity training(9).

Programme providers should support supervisors working on their course and provide feedback to the supervisors and provide extra support and training where necessary (1).

The importance of mentoring for DPPs was discussed in the GPhC consultation on the introduction of the role. Consideration was given to new DPPs having a mentor, who was a more experienced supervisor, for a period in their new role whilst developing their skills (6). In the consultation, it was suggested that it could be the responsibility of programme providers to provide or arrange this mentor (1).

Teaching and training skills and experience

Teaching knowledge and teaching skills are each defined as a broad area of competence by the NPC

with a requirement for DMPs to have some experience of training in teaching and/or supervision in practice (5).

Specific skills required of the DMP are the ability to plan a learning programme that provides the opportunity for the trainee to meet the learning objectives and gain competence, and the ability to facilitate learning by encouraging critical thinking and reflection (5). Other requirements include ensuring dedicated time for trainee to observe patient consultation; allowing the trainee opportunities to carry out consultations and suggest and discuss management and prescribing options; ensuring trainees integrate theory with practice; allow in-depth discussion and analysis of clinical management to examine patient care and prescribing behaviour; and assessing competence at end of course (5).

Broad themes emerging from more recent literature include the need for DPPs to have training and experience in the supervision, support and assessment of trainees (13). The GPhC consultation on standards for the education and training of pharmacist independent prescribers considers experience of mentoring or supervising other healthcare professionals (HCPs), and assessing clinical and diagnostic competence in other HCPs as a potential requirement of DPPs (1). Other publications support the requirement to be competent in the observation of performance (12).

The NMC outlines the importance of DPPs undertaking preparation or being able to evidence their ability to make and record objective evidence-based assessments on conduct proficiency and achievement; ability to provide constructive feedback to facilitate professional development in others and have knowledge of the assessment process and their role within it (8).

Additional requirements described for those carrying out the role include:

- Providing opportunities to develop competence in prescribing (13)
- Supervise, support and assess the student during their clinical placement (13)
- Ensuring a range of learning and teaching methods that respect the rights and needs of service users and colleagues are in place in the learning environment (11)
- Understanding of proficiencies and programme outcomes student is aiming to achieve and assessing if the student has met proficiencies for learning outcomes in practice (8)
- Respond effectively to the learning needs of individuals (9)
- Appropriately raise and respond to student conduct and competence concerns (9)
- Respond effectively to concerns about public protection and student performance (9)
- Combine assessment with effective feedback to contribute to learning (12)

Multidisciplinary working

The importance of multidisciplinary learning is acknowledged as an essential aspect of training (1). Pharmacist prescribers identified the importance of utilising different members of the multidisciplinary team's (MDT) skillset in ensuring the provision of training in areas where one profession may not have strong skills/experience. The need for sharing effective practice and learning from others is highlighted (9).

HCPC recognise the importance of inter-professional learning in practice, but also highlight the need to include profession-specific learning in the practice element of training to ensure learners understand their scope and legal remit as prescribers (3).

The need for DPPs to effectively seek feedback and support from others involved in training is highlighted by NMC. This involves identifying sufficient opportunities for liaising and collaborating with colleagues to gather feedback from other relevant people in order to be assured about their decision for the progress of the student (8,9).

The importance of multi-disciplinary working is not only recognised in the training of NMPs but also as a facilitator to prescribing post qualification. In a survey of pharmacist prescribers, the benefit of MDT working in the transfer of skills between professions was highlighted and the relationship of pharmacist prescribers with medics was seen as formative in their development as a prescriber (14)

The Nursing Council New Zealand advises that NMP training supervisors/mentors should work within the same MDT as the trainee so they can readily seek advice on diagnosis and prescribing (15) This is in line with the recommendations in the NPC 2005 guidance for DMPs which advises the DMP should normally work with the trainee, however, acknowledge that this may not be possible in some circumstances (5).

Working in partnership

The relationships between the DPP and both the trainee and the programme provider are discussed in the literature.

Working closely in collaboration with relevant people at the programme provider is raised, for instance, this may be the need for the DPP to work in partnership with the nominated academic supervisor. The NMC state the importance of those working on the practice element of training also have an understanding of the students learning and achievement in theory (8). Other instances may be DPPs having to demonstrate to the programme provider that appropriately equipped for the role (6).

Facilitators and Barriers to prescribing

The GPhC prescribing survey 2016 was reviewed to give an insight into pharmacist prescribers' views on prescribing in practice, particularly looking at elements relevant to training (14). Some respondents felt undertaking practical training within one clinical area of practice could be restrictive, however, it was also felt when practising a defined scope and strong knowledge of a clinical specialism was a facilitator to practice. Some pharmacists had concerns around their clinical assessment and diagnostic skills due to lack of opportunities

to develop these skills during training to become a pharmacist. It was noted that some of this could be overcome through working alongside other members of the MDT with more experience in this area, with transfer of skills through multidisciplinary working seen as a facilitator to prescribing. The GPhC commented that the new MPharm course does have more emphasis on clinical skills so this is likely to be less of an issue for newly graduating pharmacists (14).

There was some less positive feedback from some respondents' experience of their initial education and training, for instance stating that the training did not equip them with the necessary skills. Access to training was also raised as a barrier (14). Some did see the relationship with other health professionals as a challenge to the development of their prescribing role, for instance, lack of support or understanding of their role or abilities or unwillingness to engage collaboratively. This seemed to be more of an issue in a community or GP practice setting (14).

Research articles

Given the introduction of DPPs is a new role for independent prescribing professional, there is no research literature on this specific role. The available literature on the DMP role was reviewed for inclusion. Most of the studies identified were qualitative, looking at views, opinions or experiences of those directly involved in prescribing training in practice from either a student NMP, practising NMP or DMP perspective.

Learning activities that are, or may be, used in the period of learning in practice include observing prescriber's consultation styles; identifying and practice of key physical examination skills; observing a clinic and discussing important aspects of cases; random case analysis; identifying suitable patients for training purposes; and observation of the student's consultation skills (16). Latter et al. (17) evaluated the adequacy of 246 nurses' educational preparation for independent prescribing and experiences of their continuing professional development. They described DMPs providing support using the following methods; observations of each other's surgeries; discussion of patient interaction/assessment/treatment/diagnosis; case study analysis; and tutorials or teaching.

The content of the support provided included; safe/guided prescribing decisions; history taking, examination and diagnostic skills; aspects of pharmacology; and reflective practice(17).

Methods of assessing non-medical prescribing trainees in practice were discussed in the Cope et al. review of the history of non-medical prescribing (18). Two formal methods of assessment, summative and formative, may be used in assessing competencies during training but the authors note there is no specific method that must be used. It is noted that the Prescribing competency framework (10), originally developed by the National Prescribing Centre and currently published by Royal Pharmaceutical Society, may be a useful resource for DMPs to use to assess students competencies.

In an expert opinion article, Taylor acknowledges that it is not expected that the DMP will teach the student everything about prescribing during their time in practice (16). Much of the learning will be underpinned by the academic section of the course. The time spent in practice should enable the student to practise and demonstrate their skills and knowledge in a clinical setting so that competence can be assessed. The need for a gradual handing-over of autonomy with respect to prescribing is highlighted. DMPs are responsible for signing their student off as being suitable for annotation as a prescriber. It is suggested that given this responsibility it is in the best interest of the DMP to be actively involved in the monitoring and mentoring of the trainee (16).

It is important that DMPs and trainee NMPs work in partnership. This includes students being proactive in arranging their own learning opportunities (16). Cope et al. acknowledge students entering a non-medical prescribing programme are already healthcare professionals with a degree of experience, and already have existing knowledge and skills in their areas of work. As a result, it is important that both the DMP and student are actively involved throughout the training, to be aware of the students existing competencies and identify the students learning needs (18). The need to plan and focus activities on prescribing competencies and the importance of pre-existing professional relationships and trust was also highlighted (19). In a cross-sectional qualitative study, Scrafton et al. explored the experiences of secondary care nurse prescribers (20). When discussing the period of

learning in practice, clinical mentorship was considered to be a benefit of the education process, however, it was noted that some participants also alluded to problem regarding mentorship, and highlighted the importance of working as a partnership (20).

The importance of learning from a range of professionals is also highlighted. This includes the importance of experiential and reflective learning for the student, and how shadowing experienced colleagues will allow the student to gain a perspective of the wide variety of issues that patients will bring to a consultation. This will enable them to develop skills in problem-solving and in establishing a therapeutic relationship with the patient. In relation to other support the student may need, having a mentor whilst training in practice is suggested. The author acknowledges that the student will need to be taught both by the DMP and/or others to meet specific learning outcome or develop competence in specific areas e.g. physical examination or consultation skills (16).

Barriers to becoming an NMP were also discussed in the literature. Stewart et al. (19) looked at the education, training and practice of NMPs in the UK. Logistical issues included identifying and recruiting sufficient numbers of DMPs with appropriate teaching experience who are willing to dedicate significant time to facilitate student learning and assessment. In addition, some DMPs require assurance that once qualified, NMPs will have a positive impact on their service and patient care (19). Despite this, they also highlighted that both the trainees and DMPs identified the value of the training in practice for each professional. Another study reported fairly high levels of satisfaction about the time spent with DMP supervision, including many positive comments about the DMP themselves (17).

Other criteria for becoming a DMP include having supervised the training of junior medical staff and being able to facilitate the integration of the student into the practice-based environment (16).

Supplementary prescribing

Some of the research carried out on the training of NMPs that focussed specifically on supplementary prescribing (SP). These qualitative studies have been included in the review and are discussed below.

Cooper et al. (21) explored pharmacists' perceptions and experiences of learning to prescribe on SP courses using a postal questionnaire (n=411) method. They looked particularly at inter-professional learning, course content and subsequent use of prescribing. In terms of the most useful aspects of training, learning in practice and the involvement of the DMP were felt to be most useful(21). This is supported in other publications; a study by Tann et al. found all SP pharmacists valued the period of learning in practice (22). Many SP pharmacists who participated in a national survey also regarded their practice experience as more valuable in developing their clinical skills than the academic training. Given the value gained, it is crucial that the learning in practice period provides an optimal learning experience, to ensure it leads to safe and appropriate prescribing (23).

Other useful aspects of training included gaining an understanding of the legal aspects of prescribing. Pharmacists valued elements of training that gave insights into what prescribing practice would involve (21).

Consultation and examination skills were also considered valuable, as was contact with other healthcare professionals and the support received from nurse colleagues on inter-professional courses(21). Working with other healthcare professionals was also considered valuable by George et al. who discussed that the positive feedback about input from both medical and/or non-medical professionals(23). They suggest that a multidisciplinary training team would be ideal for mentoring pharmacists during this period of training. This may be particularly relevant for those working outside of a team prior to training. The period of learning in practice provided an opportunity for professional development and team working for many pharmacists and DMPs. The authors highlight the need for more structured and clearer information on the roles and responsibilities of pharmacists and DMPs, and greater opportunities for communication among pharmacists, DMPs, and academia (23).

A qualitative study of pharmacist prescribers and General Practitioners (GPs), used small focus groups to explore the perceptions of training provided(22). Observation was described as a valuable learning activity, and how observation led to a recognition of the complexity of diagnosis. Good practice demonstrated by DMPs, as defined by the pharmacists, involved discussing individual cases, peer observation with feedback and allowing a gradual increase in prescribing pharmacist autonomy. There were reservations expressed by GPs about the clinical skills and diagnostic ability of pharmacists to take on a prescribing role. The opportunity for reciprocal learning through period spent in practice was described by both professions(22).

One study found that whilst many found gaining clinical skills the most useful, others found this the least helpful part. This was particularly if they had been taught what they considered to be skills that were irrelevant to their clinical area, e.g. performing venepuncture or using an otoscope, for example. Others recognised that this was understandable given the scope of the course(21).

George et al. (23) evaluated the views and experiences of supplementary prescribing pharmacists and DMPs regarding learning in practice and their perceived support needs. The authors noted that despite being an integral part of prescribing training there is a lack of formal research into trainee and DMP needs during the period of learning in practice(23).

Conclusion

The role of DPP is a new role and, as such, no research publications exist on the role. There are a number of publications looking at the role of Designated Medical Practitioners (DMPs) and more broadly at the period of learning in practice. The grey literature includes guidance from regulators on the role and requirements for the DPP role. The National Prescribing Centre guidance on becoming a DMP (5) remains the most comprehensive available on the requirements of the role and will be reviewed in line with more recent literature in the development on the competency framework.

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